

# Statement

8/27/2010

Account No: ACT22234

MARY DOE  
1422 ELM STREET  
SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
04/22/10	45 MINUTE SESSION	311	90803	\$100.00	\$100.00	\$0.00
07/01/10	THIS IS A TEST	311	90804	\$125.00	\$0.00	\$25.00
	07/13/10 INSURANCE PMT			-\$100.00		
07/08/10	45 MINUTE SESSION	1234	90803	\$100.00	\$100.00	\$0.00
07/12/10	45 MINUTE SESSION	311	90803	\$100.00	\$0.00	\$20.00
	07/26/10 INSURANCE PMT			-\$80.00		
07/12/10	THIS IS A TEST	311	90804	\$125.00	\$125.00	\$0.00

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0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$0.00	\$270.00	\$0.00	\$0.00	\$100.00	\$325.00	\$45.00

# Statement

8/27/2010

Account No:

NANCY Y JONES  
11111 LANE STREET  
SOMEWHERE, NY 12345

For Services Rendered To:  
NANCY JONES  
11111 LANE STREET  
SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/13/10	30 MINUTE SESSION	311	90801	\$75.00	\$0.00	\$75.00

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0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$0.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00

# Statement

8/27/2010

Account No:

SUE SMITH  
1234 MAIN STREET  
SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/09/10	45 MINUTE SESSION	311	90803	\$100.00	\$0.00	\$30.00
07/13/10	INSURANCE PMT			-\$50.00		
07/13/10	CONTRACT ADJ			-\$20.00		

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0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00